II. COMMITTEE STRUCTURE, MEMBERSHIP & WORK

A. **Improving Existing Delivery System and Resources Committee**
B. **Exploring Coverage Alternatives Committee**
C. **Expanding Coverage for the Working Uninsured Committee**
D. **Governance, Planning and Organization Committee**

II. COMMITTEE STRUCTURE, MEMBERSHIP AND WORK

Once having gained a thorough background and understanding of the issues, the Task Force was broken into four Committees for the purpose of examining specific problems in depth.

The four Committees are:

- Improving Existing Delivery System and Resources (Chaired by Dean Clarkson and Alexandria Douglas)
- Exploring Coverage Alternatives (Chaired by Judith Farber and John Matuska)
- Expanding Coverage for the Working Uninsured (Chaired by Dave Lawrence and Mike Fernandez)
- Governance, Planning and Organization (Chaired by Dr. Paul Gluck and Daniella Levine).

The Task Force Co-Chairs, in an effort to diversify the membership and expand participation from the community, appointed both Task Force members and community members at large to each Committee. The Co-Chairs for the Committees further expanded on this theme of broader participation, by representing both Task Force and non-Task Force members in their leadership positions.

The Committees were given their charges to study certain aspects of the health care delivery system. Several brought in additional speakers to buttress their dialogue and promote informed decision-making. Each Committee had 4-5 months to complete their task. A total of 32 Committee meetings were held throughout the fall 2002, averaging 8 meetings each. (See attached meeting schedule).

The Committees made significant progress in identifying the problems in accessing health care in Miami-Dade County and formulated their respective group's recommendations. At the conclusion of their work their final recommendations were to be compiled into a comprehensive report to be brought back to the Board of County Commissioners with potential funding sources and legislative solutions in the spring 2003.

The following provides a brief synopsis of each Committee's vision/mission and process for development of their respective recommendations for implementation. The full Committee reports are contained in Appendix B.

A. Improving Existing Delivery System and Resources Committee

Vision Statement

The Improving Existing Delivery System and Resources Committee formed its own Vision Statement to capture the primary areas of focus:

The vision of the Committee is to have a healthcare delivery system that provides access for all registered residents in Miami-Dade County. The healthcare delivery system should provide a single standard of care which includes prevention and wellness, dental, mental health primary and specialty services and inpatient and outpatient medical, mental health, long term care and hospice services. The system should be culturally sensitive and in compliance with government and accreditation rules and regulations. It should address the concerns of both children and adults.

The healthcare system should have a Health Policy Board that is countywide. Every licensed healthcare provider, hospital and clinic must contribute to the program. Every effort should be made to enroll patients in currently available programs, to partner with existing not-for-profit and for profit organizations, as well as enlisting appropriate Federal and State support.

Primary care, including prevention and wellness education should be delivered in neighborhoods, secondary care delivered regionally, and tertiary care delivered on a countywide basis. Services should be integrated with a single standard of care for all who need it. It is the aim of this countywide healthcare system that reasonable reimbursement is provided to all clinics, hospitals, and healthcare providers.

Its tasks for working towards its vision were to:

- Analyze the strengths and weaknesses of the existing system
- Explore a limited access system in public and private arenas
- Improve access through existing revenues

Process

The Improving Existing Delivery System and Resources Committee met 8 times during the months of October through January 2003. They also once met jointly with the Governance Committee.

The group reviewed information on primary care clinics in Miami-Dade County based on information received from the Jackson Health System, Community Health of South Dade, Inc., Camillus Health Center, Open Door Health Center, “Families-R-Us”, Health Choice Network, and the Miami-Dade County Health Policy Authority. These included the geographic locations of the primary clinics, the services provided, the unduplicated number of patients served, and the costs incurred and sources of funding.

The Committee also received reports from Sonya Albury of the Health Council of South Florida, Sandy Sears and Joe Rogers of the Jackson Health System, Betsey Cooke of Health Choice Network, and Fred C. Rogers of the School Board, Miami-Dade County. Special guests, Wendy Leader Johnston, Program Administrator – Medicaid Program Development, Florida Agency for Health Care Administration, and Patti Stauffer of the Dr. John T. Macdonald Foundation made presentations on the School Health Program and opportunities for additional funding from Medicaid.

Documents Reviewed

The Committee relied on the information provided during the presentations and from the Health Council South Florida that includes all of the hospitals in Miami-Dade County and the particular services provided, the primary care services sites and other health service information.

The Committee also reviewed the information which was shared with the full Task Force, addressing the unfunded care provided by hospitals in Miami-Dade County for years prior to 2001. Independently collected 2001 charity care data were shared to provide greater detail and more current information for the Committees' analysis.

B. Exploring Coverage Alternatives Committee

Mission and Vision Statement

The assignment of the Exploring Coverage Alternatives Committee was to address Medicaid eligibility, health insurance, and issues pertaining to providers, immigrants and children.

A vision statement was developed and revised in January 2003 as follows:

Residents of Miami-Dade County who are not eligible for health care coverage under any governmental or private health insurance plan should be insured through a non-profit health plan. The plan would provide a minimum coverage for the following services: primary care, specialty care, dental care, outpatient mental health treatment, diagnostic services, and prescriptions.

The goal of the plan is to provide access to essential health services that are proven to be cost-effective. When chronic conditions are managed in the right setting and in a timely basis, inappropriate utilization of hospital emergency rooms and unnecessary hospital admissions can be prevented and/or avoided through early intervention.

Process

The Exploring Coverage Alternatives Committee met 9 times over a 5-month period of October 2002 through February 2003. Throughout the process, the Committee gathered and shared data among its membership to assure informed decision-making.

Presentations were given at various meetings as follows:

Presenter	***Issue***
Judge Steve Leifman	Mental Health
Tom Zamorano	Immigrants
Terry Coble/Patricia Stauffer and Tori Gabriel	Children
Judith Farber	Medicaid Eligibility
Marty Lucia	Insurance
John Matuska	Providers
Serge Boisette	TrustCare

Documents Reviewed

Reference materials were shared with Committee members including Kaiser updates, FamiliesUSA briefings, a Commonwealth Fund issue paper, Florida Health Flex Benefit Plan, Task Force materials, the Public Health Trust's Outreach Plan, TrustCare presentation materials, among others.

C. Expanding Coverage for the Working Uninsured Committee

Mission

The mission of the Expanding Coverage Committee was to identify solutions for the working uninsured population. The Committee would examine alternatives to expand healthcare insurance to employers and consider options such as Medicaid buy-in, global coverage, among others.

Process

The Committee embraced its charge and proceeded to embark upon a series of 7 meetings to better understand the nature of the problem, review best practices, consider alternatives and develop a proposed model for consideration.

Special Presentations

Presentations were provided by a variety of speakers on the uninsured population and the recently passed Florida Health Flex Benefit Plan, which is a 2-year pilot project begun in

Florida in July 2002. Gary Crayton from Health Management Associates was invited to present on Best Practices representing several programs throughout the country that had been modeled to fit local, unique community situations and provider needs. A focus on small businesses with low wage earners was recommended. A Chamber Health Plan representative, Mr. Forrest Bledsoe described a combination discount health plan "wrapped around" a catastrophic program. Juan Carlos Del Valle further gave a brief history of the Hawaii Plan, Hawaii being the only state that has a state mandated employer-based health insurance system. Enacted in 1974, the Hawaii Prepaid Health Care law requires businesses to cover employees with healthcare if they work a minimum of 20 hours per week. In addition, Serge Biosette of the Jackson Health System, described the managed care pilot program called TrustCare. Launched in February 1, 2002, the TrustCare program is a 2-year demonstration program that provides health care access for indigent residents in South Miami-Dade. The budget is 5 million dollars and serves 1,467 participants.

Subsequent presentations were received by the Committee on the KidCare Program, the Community Health Purchasing Alliances (CHPAs) and the Public Health Trust's Countywide Initiative to Address the Uninsured in Miami-Dade County. Joe Rogers, JMH Health Plan, indicated two important components for any health plan, the infrastructure and outreach.

Documents Reviewed

The Committee members reviewed several documents disseminated by the speakers during their presentations. These documents quantified the number of children served under the KidCare Program; described the CHPA's strengths and limitations; provided an overview of the Jackson Health System proposal on Health Flex and its current TrustCare Program; gave model program descriptions in the country that have been most successful, such as those in Hillsborough County, Florida (Tampa), Wayne County, Michigan (Detroit), and Ingham County, Michigan (Lansing); described the Chamber Health Plan, and provided other relevant information to the Committee.

Guiding Principles

The final recommendations put forth by the Expanding Coverage for the Working Uninsured Committee follow 7 basic tenets or principles for program design and implementation:

- Provision of primary and preventative care is important to emphasize in order to improve community health.
- Avoidance of inappropriate use of the emergency room should be encouraged.
- A public/private partnership is desirable to maximize public resource allocations.
- "Crowd-out" of existing coverage by employers for their employees should be avoided.
- Continuity of coverage should be a consideration.

- Reasonable service expectations should be established up front in order for the plan to be viable.
- Shared responsibility should be maintained across government, local businesses and employee groups.

The Committee determined that public/private partnership local programs work because they:

- Are governed by local boards and Committees who know the communities;
- Are administered by entities that know the communities and have served the local population;
- Have benefit plans targeted to the needs of the local population; and
- Utilize cost structures adapted to the local population's ability and willingness to pay.

The Committee recognized that Miami-Dade County officials, advocates and other stakeholders are seeking a viable solution to address the health care needs of the uninsured of their community. Based on the AHCA 1999 survey of Floridians, Miami-Dade County had the greatest number (450,000) and second highest rate[1] (24.6%) of uninsured individuals under the age of 65. Of these 450,000 individuals, it is estimated that approximately 258,440 employed, uninsured individuals and their family members with incomes under 200% FPL would be eligible for a program designed to offer them access to health care coverage.

D. Governance, Planning and Organization Committee

Mission and Goals

The Governance, Planning and Organization Committee established its mission early in the process and secured support from the full Task Force to guide its work.

The mission of the Committee was to recommend the ideal governance structure for an integrated, comprehensive, community wide health care system for all residents of Miami-Dade County.

To accomplish this mission the Committee established and addressed the following goals:

- Define governance and planning
- Define ideal governance and planning
- Describe local and comparable governance models
- Inventory community healthcare assets and stakeholders

[1] The southwest region of the state (Tampa, Ft. Myers) had the highest rate of uninsured adults under age 65 at 25.5% (57,000 individuals).

- Define the ideal governance model
- Compare local models to the ideal
- Make recommendations to bring our current system closer to the ideal

Process

The Governance Committee met alternatively downtown at the Stephen P. Clark Building and the Health Council of South Florida offices to accommodate a wide array of people wishing to attend the meetings. The group held 8 sessions and provided some extended meeting sessions to permit extensive dialog and debate of the issues. In addition, the Co-chairs held a meeting to prepare for the joint Governance-Delivery Committee meeting with consultant Phyllis Busansky.

The Committee engaged several outside consultants to assist the Committee in its work. On the subject of ethics and conflicts of interest the Committee heard presentations by Professor Anita Cava, University of Miami and Robert Meyers, Commission on Ethics and Public Trust. Phyllis Busansky, Hudson Institute Fellow, provided an overview of other community health planning initiatives and best practices in community health access and delivery initiatives. Catherine Jackson from the RAND Corporation, a member of the Community Voices project team was also available for technical assistance.

The Committee also received extensive support from internal experts on other planning and governance systems, and comparisons with local and similar efforts in other jurisdictions.

Inventory of Community Healthcare Assets and Stakeholders

The Committee determined that the community has many assets upon which to build an ideal healthcare system and governance structure. Assets include:

- World-class medical system and medical school
- Public funding
- Clinic network
- Best practice protocols
- Good geographic distribution
- Disease management programs
- Policy oversight at County Commission

The Committee also began to identify the many stakeholders whose input is vital to the success of our healthcare system and governance structure. Stakeholders include:

- Health care providers
- Health care institutions
- Educational institutions
- Elected officials

- Consumer advocates
- Business organizations
- Faith based organizations
- Community based organizations

Documents Reviewed

The Committee reviewed many documents including legislative and governance documents relevant to its inquiry.

1. Legislation:

- Miami Dade County Code: Chapter 25A (established Public Health Trust)
- Miami Dade County Code: Section 2-11.1 Conflict of Interest and Code of Ethics Ordinance
- Ordinance No. 95-71 (established Health Policy Authority)
- Referendum September 3, 1991, establishing Dade County Health Care Improvement Surtax for Jackson Memorial Hospital (half penny)
- Florida Statutes 212, subsection (5) Public Hospital Surtax

2. Governance:

- By laws of the Public Health Trust

The Committee also reviewed several charts and reports prepared by community experts.

- Governance Structure of Major Health Planning Organizations in Miami-Dade County (Public Health Trust, Health Policy Authority, Health Council of South Florida, Alliance for Human Services, Community Voices)
- Alternative County Based Health Care Models (Broward, Hillsborough, Miami-Dade, Palm Beach, Pinellas)
- Governance Structures (Three Models: CLAS Local Administration Committees from Peru; CDC Urban Research Centers from Detroit, New York City, Seattle, and Texas; Turning Point and Collaborative Leadership Models; National Public Health Performance Standards Program—CDC)
- National Best Practice Profiles -- Community Collaborations for Healthcare Access (covered nine community models)

Principle Development

The Governance Committee worked to develop consensus on principles of ideal governance before reviewing local structures and making recommendations for reform. This process made it possible for the Committee to approach its work with an understanding of how it could build upon the strengths of the existing health planning and governance entities. The Committee was able to develop a realistic and stepwise

approach that could support the transformation of these entities to achieve a more ideal governance structure.

The group realized that it had three choices in framing its recommendations: continuation of the status quo, modification of the existing systems, or dissolution of current structures and design of a new system. The Committee determined that modification of the existing systems was preferable and outlined the following principles as overarching guiding mechanisms for the County:

Principles for Good Governance

- ***Transparency:*** process must be clear, open and accessible.
- ***Public accountability:*** to residents and elected officials.
- ***No conflicts of interest:*** those who directly or indirectly benefit from the funds cannot govern the flow of the funds.
- ***Representation and balance:*** the governance body should reflect the diversity and uniqueness of our community without use of designated seats.
- ***Commitment to quality****:* independent monitoring and evaluation to ensure access and quality.
- ***Flexibility and responsiveness:*** process must ensure the flexibility to respond to the dynamics of changing populations and healthcare needs.

Principles for Effective Community Health Systems

- ***Inclusion*****:** community stakeholders need vehicles for meaningful input.
- ***Coordination:*** avoid overlap and duplication in planning and delivery to maximize the efficiency and effectiveness of existing resources.
- ***Vision:*** adherence to a shared community vision.
- ***Priorities:*** realizing that we cannot provide for all the healthcare needs of all our residents, the establishment of a participatory process to set local priorities is key.
- ***Reciprocal accountability:*** the success of each component is dependent upon the success of every other component; the success of the entire system is dependent upon the success of each component.

- ***Efficiency:*** monitoring to assure that cost benefits are realized and rewarded.